

2

2000 008094

STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE

FILED

FEB 11 2000

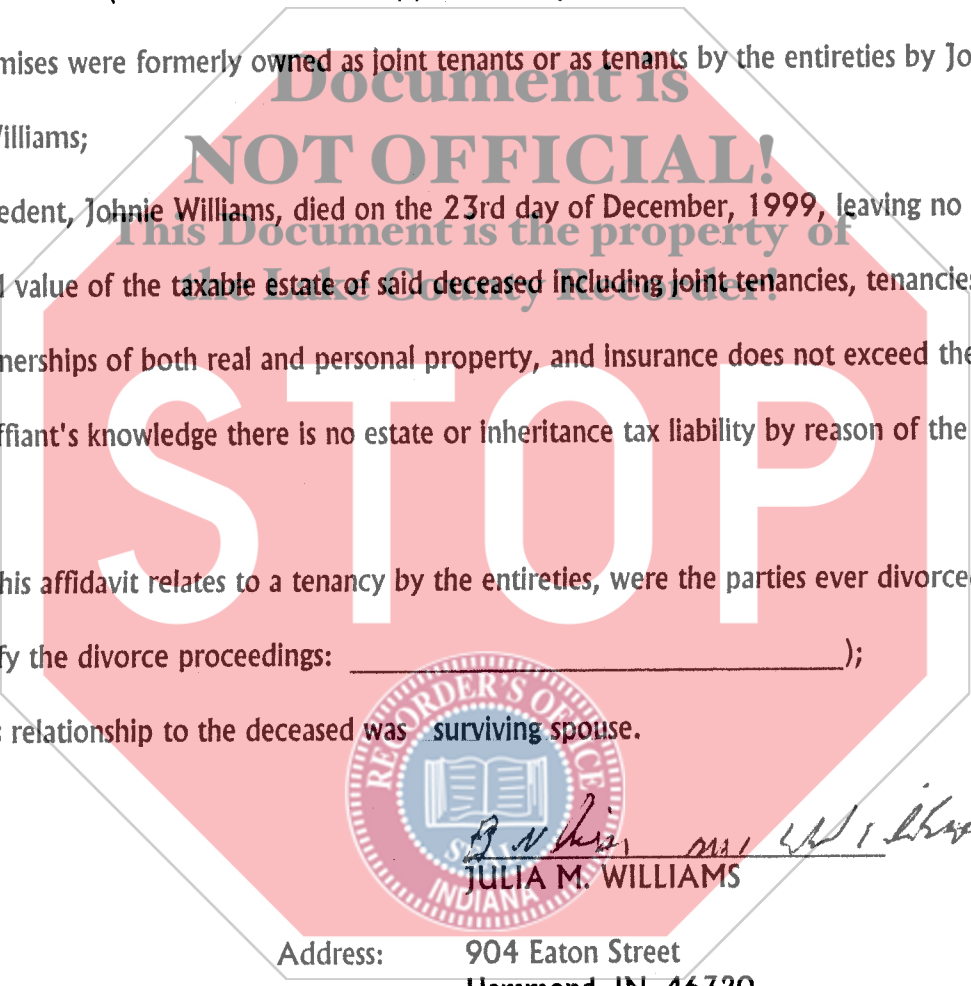
PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this January 25, 2000, before me personally appeared JULIA M. WILLIAMS to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner ;
(state interest of affiant(s): "owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Johnie Williams and Julia M. Williams;
4. Said decedent, Johnie Williams, died on the 23rd day of December, 1999, leaving no Will;
5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$--
0-- and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No
(If "yes", identify the divorce proceedings: _____);
7. Affiant's relationship to the deceased was surviving spouse.



Julia M. Williams
JULIA M. WILLIAMS

Address: 904 Eaton Street
Hammond, IN 46320

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 25th day of January, 2000.

Carolyn A. Swanson
Carolyn A. Swanson, Notary Public

My Commission Expires: 06-12-00
Resident of Lake County

This document prepared by: TERRENCE M. RUBINO (Atty. #6220-45), RUBINO & CROSMER, 622 Ridge Road, Munster, IN 46321 (219/836-2722)

00000

11.00
3497

25 x 10

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME—FIRST MIDDLE LAST Johnnie Williams		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) December 23, 1999
4. COUNTY OF DEATH Cook		5a. AGE—LAST BIRTHDAY (YRS) 83	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN
6a. OAK LAWN		6b. CHRIST HOSPITAL & MEDICAL CENTER	
7. BRINKLEY AVE		8b. JULIA JOHNSON	
10. 429-36-3804		11a. LABORER	
13a. 904 EATON		13b. HAMMOND	
13c. INDIANA		13d. LAKE	
15. FATHER—NAME FIRST MIDDLE LAST Preston Williams Sr		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST JOSEPHINE PEPPER	
17a. DIANE SHAW		17b. DAUGHTER	
17c. 5209 ALICE HAMMOND IND 46320			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPSIS			
(b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Pneumonia			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. NO	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. DID (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 12/23/99		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No	
22a. SIGNATURE Rajneesh Salwan		22b. DATE SIGNED (MONTH, DAY, YEAR) 12/25/99	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2733 W. 87th. Street Evergreen Park, IL. 60805		22d. ILLINOIS LICENSE NUMBER 036-093899	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24. CEMETERY OR CREMATORY—NAME CONCORDIA	
25a. FUNERAL HOME Taylor Funeral Home LTD 6357 79th St Chicago Illinois 60619		25b. FUNERAL DIRECTOR'S SIGNATURE Will [Signature]	
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010650		25d. LOCAL REGISTRAR'S SIGNATURE Monica Charles	
26a. REGISTRAR		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 29 1999	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date DEC 29 1999
 Signed Therese McCreary
 At Cook County Department of Public Health / Official Title Deputy Registrar
 1010 Lake Street - Suite 300 - Oak Park, Illinois 60301

25 x 17